

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CEMENT MASONS LOCAL 518 HEALTH CARE FUND</u></p> <p><u>PO BOX 909500</u> <u>PO BOX 909500</u> <u>KANSAS CITY, MO 64190-9500</u> <u>KANSAS CITY, MO 64190-9500</u></p>	<p>1c Effective date of plan <u>04/01/1962</u></p> <p>2b Employer Identification Number (EIN) <u>43-6039075</u></p> <p>2c Plan Sponsor's telephone number <u>877-518-0518</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2025	KEVIN GARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/21/2025	GREG DAVEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	902
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	863
	6a(2)	898
	6b	44
	6c	
	6d	942
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	167

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASONS LOCAL 518 HEALTH CARE FUND		D Employer Identification Number (EIN) 43-6039075	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-3560825	39616	061227840	925	08/01/2023	07/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	147370
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASONS LOCAL 518 HEALTH CARE FUND		D Employer Identification Number (EIN) 43-6039075

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02148	942	08/01/2023	07/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 2783	(b) Total amount of fees paid 25888
--	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ULLICO INVESTMENT COMPANY LLC
8403 COLESVILLE RD
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2783	25888		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5456872

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision) **b** Dental **c** Vision **d** Life insurance
e Temporary disability (accident and sickness) **f** Long-term disability **g** Supplemental unemployment **h** Prescription drug
i Stop loss (large deductible) **j** HMO contract **k** PPO contract **l** Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASONS LOCAL 518 HEALTH CARE FUND	D Employer Identification Number (EIN) 43-6039075	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD	PO BOX 1110 VALLEY FORGE, PA 19482-1110
-----------------	--

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAPITAL MORTGAGE MANAGEMENT	218 HENRY AVENUE MANCHESTER, MO 63011
------------------------------------	--

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLUE CROSS BLUE SHIELD OF KANSAS CI

43-1257251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	346814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

COMPUSYS INC OF UTAH

84-0869853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	131252	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LABOR FIRST LLC

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	123705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ARNOLD NEWBOLD SOLLARS & HOLLINGS

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	108639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

SAV-RX

47-0577013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	105500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

UNITED ACTUARIAL SERVICES

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 11	NONE	59651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILSON-MCSHANE

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	37512	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

INDIANA ST. COUNCIL

90-0979380

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	35149	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

COMMERCE TRUST COMPANY

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	34187	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ANDERS, MINKLER, HUBER & HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CONSTRUCTION BENEFITS AUDIT CORP

43-1244218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20719	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PREFERRED HEALTH PROFESSIONALS

20-1665464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	10573	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPLOYEE FRINGES AUDIT

47-2979990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	9800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

HEALTH GAUGE

2407 SW 9TH ST
DES MOINES, IA 50315-1905

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	8385	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERTZ INSURANCE GROUP

5700 E FRANKLIN RD STE 220E
NAMPA, ID 83687

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	5458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUND	B Three-digit plan number (PN)	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CEMENT MASONS LOCAL 518 HEALTH CARE FUND	D Employer Identification Number (EIN) 43-6039075	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	THE UNION LABOR LIFE INS. CO. SEPAR	
b Name of sponsor of entity listed in (a):	THE UNION LABOR LIFE INSURANCE COMPANY	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1423090-209	P	5456872
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan CEMENT MASONS & PLASTERERS LOCAL 518 HEALTH CARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CEMENT MASONS LOCAL 518 HEALTH CARE FUND	D Employer Identification Number (EIN) 43-6039075

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 141935	290014
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 1037468	1503277
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 206139	293287
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 2496315	1789047
(2) U.S. Government securities	1c(2) 3910430	5229503
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 6538433	8490917
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10) 4389014	5456872
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 9355871	11949069
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 4210370	5478826

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	32285975	40480812
Liabilities			
g Benefit claims payable	1g	764000	787000
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	124832	259028
k Total liabilities (add all amounts in lines 1g through 1j)	1k	888832	1046028
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31397143	39434784

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13505728	
(B) Participants	2a(1)(B)	237292	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13743020
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	164575	
(C) Corporate debt instruments	2b(1)(C)	272608	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	409195	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		846378
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	204973	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		204973
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	3676611	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3823913	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-147302
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	334532	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		26992
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2182752
c Other income.....	2c		237010
d Total income. Add all income amounts in column (b) and enter total.....	2d		17428355

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8405108	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8405108
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	151209	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	64284	
(5) Investment advisory and investment management fees.....	2i(5)	85965	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	63631	
(8) Legal fees.....	2i(8)	108639	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	511878	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		985606
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9390714

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8037641
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

CEMENT MASONS AND PLASTERERS LOCAL 518 HEALTH CARE PLAN

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION
AND ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED JULY 31, 2024 AND 2023**

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8 - 19
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20 - 25
Schedule H, Line 4j - Schedule of Reportable Transactions	26
Additional Information	
Schedules of Administrative Expenses	27



Independent Auditors' Report

Board of Trustees
Cement Masons and Plasterers Local 518 Health Care Plan
Kansas City, MO

Opinion

We have audited the accompanying financial statements of Cement Masons and Plasterers Local 518 Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of July 31, 2024, and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Anders Minkler Heber & Helms LLP". The signature is written in a cursive style.

July 21, 2025

Chesterfield, Missouri

Cement Masons and Plasterers Local 518 Health Care Plan
Statements of Net Assets Available for Benefits
July 31, 2024 and 2023

	Assets	
	2024	2023
Investments, at Fair Value	<u>\$ 38,394,234</u>	<u>\$ 30,900,433</u>
Receivables		
Employer contributions	1,503,277	1,037,468
Pharmacy rebate	143,945	87,090
Dividends and interest	134,127	80,934
Due from related party	<u>6,215</u>	<u>29,115</u>
Total Receivables	<u>1,787,564</u>	<u>1,234,607</u>
Non-Interest Bearing Cash	290,014	141,935
CBAC Deposits	<u>9,000</u>	<u>9,000</u>
Total Assets	<u>40,480,812</u>	<u>32,285,975</u>
	Liabilities	
Due to Related Party	<u>259,028</u>	<u>124,832</u>
Total Liabilities	<u>259,028</u>	<u>124,832</u>
Net Assets Available for Benefits	<u>\$ 40,221,784</u>	<u>\$ 32,161,143</u>

**Cement Masons and Plasterers Local 518 Health Care Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended July 31, 2024 and 2023**

	2024	2023
Additions to Net Assets:		
Investment Income		
Interest, dividends, and other investment income	\$ 1,051,351	\$ 766,566
Net appreciation in fair value of investments	2,396,974	312,315
	3,448,325	1,078,881
Less: investment expense	(85,965)	(62,937)
Net Investment Income	3,362,360	1,015,944
Contribution Income		
Employer contributions	13,505,728	11,766,963
Participant contributions	237,292	256,422
Total Contribution Income	13,743,020	12,023,385
Other Income		
Miscellaneous income	11	-
Prescription rebate	236,999	181,461
Total Other Income	237,010	181,461
Total Additions	17,342,390	13,220,790
Deductions from Net Assets:		
Benefit Payments		
Claims paid:		
Dental	454,914	422,073
Death	10,000	20,000
Medical	6,305,858	6,175,302
Prescription	1,054,058	1,004,740
Total Claims Paid	7,824,830	7,622,115
Insurance Premiums Paid:		
Medicare	123,705	117,267
Stop loss	334,087	267,458
Vision	99,486	109,395
Total Premiums Paid	557,278	494,120
Administrative Expenses	899,641	739,774
Total Deductions	9,281,749	8,856,009
Net Increase	8,060,641	4,364,781
Net Assets Available for Benefits, Beginning of Year	32,161,143	27,796,362
Net Assets Available for Benefits, End of Year	\$ 40,221,784	\$ 32,161,143

Cement Masons and Plasterers Local 518 Health Care Plan
Statements of Benefit Obligations
July 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Claims payable and claims incurred but not reported	\$ 787,000	\$ 764,000
Postemployment Benefit Obligations for Current Benefit Coverage, Net of Amounts Currently Payable:		
Accumulated eligibility credits	5,597,000	5,910,000
Total Benefit Obligations Other than Postretirement Benefit Obligations	6,384,000	6,674,000
Postretirement Benefit Obligations:		
Current retirees	2,023,594	1,920,019
Other participants fully eligible for benefits	2,782,133	2,567,940
Other participants not fully eligible for benefits	4,585,400	3,856,400
Total Post-retirement Benefit Obligations	9,391,127	8,344,359
Total Benefit Obligations	\$ 15,775,127	\$ 15,018,359

Cement Masons and Plasterers Local 518 Health Care Plan
Statements of Changes in Benefit Obligations
Years Ended July 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance at beginning of year	\$ 764,000	\$ 710,000
Claims and premiums incurred	8,405,108	8,170,235
Claims and premiums paid	<u>(8,382,108)</u>	<u>(8,116,235)</u>
Balance at End of Year	<u>787,000</u>	<u>764,000</u>
Postemployment Benefit Obligations for Current Benefit Coverage, Net of Amounts Currently Payable:		
Balance at beginning of year	5,910,000	5,575,000
Net change during year	<u>(313,000)</u>	<u>335,000</u>
Balance at End of Year	<u>5,597,000</u>	<u>5,910,000</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>6,384,000</u>	<u>6,674,000</u>
Postretirement Benefit Obligations:		
Balance at beginning of year	8,344,359	7,071,762
Increase during the year attributable to:		
Benefits accumulated (earned) and other changes, net of experience gains(losses) and Plan changes	485,267	1,740,664
Net Benefits Paid	(239,332)	(201,585)
Changes in actuarial assumptions	362,754	(567,032)
Interest	<u>438,079</u>	<u>300,550</u>
Balance at End of Year	<u>9,391,127</u>	<u>8,344,359</u>
Plan's Total Benefit Obligations, End of Year	<u>\$ 15,775,127</u>	<u>\$ 15,018,359</u>

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

1. Description of the Plan

The following description of Cement Masons and Plasterers Local 518 Health Care Plan (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and the summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan that was established in 1962, pursuant to a collective bargaining agreement ("CBA") between the Operative Plasterers' and Cement Masons' Union Local No. 518 (the "Local") and participating employers ("Employers"). The Plan provides medical, prescription, dental, vision, accidental death and dismemberment, and death benefits to eligible participants and their beneficiaries and covered dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the joint responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Local.

Eligibility

An employee who has worked at least 475 hours in a six-month period or less shall become initially eligible on the first day of the third month following the month in which the 475 hours has been accumulated. An employee will remain eligible as long as he or she has at least 475 hours in a six-month work period or 1,050 hours in a 12-month work period for which contributions have been received during specific periods as defined by the Plan.

Generally, a participant will remain eligible as long as actively employed with an Employer. Participants may also continue to remain eligible for benefits through the use of accumulated eligibility credits for times of unemployment (less than full time) and upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Retirees and their eligible dependents may be eligible for one of two Retiree Health Plans - Retiree Plan A or Retiree Plan B. A participant with a retirement date of April 1, 2005 or earlier is eligible for continuing self-pay eligibility under Retiree Plan A if a participant retires and is receiving benefits under the Kansas City Cement Masons Pension Fund (the "KC Pension Fund") or the Local 561 Retirement Plan, and has earned at least 10 years of pension credit under the KC Pension Fund, the Indiana State Council Plasterers and Cement Masons Pension Fund (the "Indiana Pension Fund"), the Omaha Construction Industry Pension Plan (the "Omaha Pension Plan") or the Local 561 Retirement Plan and has earned pension credit in each of the three plan years preceding the effective date, the retirees' coverage will be under Retirement Plan A or B.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

If a participant retires and is receiving pension benefits under the KC Pension Fund, the Indiana Pension Fund, the Omaha Pension Plan, the Operative Plasterers' and Cement Masons Local 18 Pension Plan ("Local 18 Pension Plan") or the Local 561 Retirement Plan, and is at least 60 years of age and is eligible under the Plan on their date of retirement because of eligibility earned for their employment with a contributing Employer, the retiree will become eligible for continuing self-pay benefit eligibility under Retiree Plan B.

Contributions

The Employers are required to make monthly contributions to the Plan for each of their employees in hourly amounts as required by the applicable provisions of their respective CBA.

In accordance with the Plan, participants or their dependents, under specified circumstances, are allowed to make contributions to the Plan for a limited time to provide COBRA benefits. Retired employees are required to make self-pay contributions to the Plan for continuation of coverage.

Benefits

The Plan provides health benefits (medical, dental, vision, and prescription) and accidental death and dismemberment benefits, and death benefits for Plan participants, as specified in the plan document. The Plan also provides continuation of certain benefits during periods of unemployment (accumulated eligibility credits), disability, or upon termination of employment through COBRA. Retired employees are entitled to similar health benefits which the Plan fully insures with Medicare supplement benefit coverage. The Plan purchases annual insurance contracts for this insured benefit. The premiums for all insured benefits are paid from the assets of the Plan. All other Plan benefits are self-insured. The claims for these benefits are processed by the Plan's third-party claims processors under administrative services only ("ASO") arrangements. The claims processors pay claims directly to or on behalf of the participants. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. In addition, the Plan purchases stop loss insurance to actively manage catastrophic medical claims.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

Plan Management

Compusys, Inc. ("Compusys"), an employee benefit fund management company, has been retained by the Trustees to administer the activities and operations of the Plan on a contractual basis. Under the management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collections are borne by Compusys. For the years ended July 31, 2024 and 2023, the Plan paid Compusys \$115,137 and \$126,604, respectively.

Effective July 1, 2024, the Plan changed its employee benefit fund management company, to administer the activities and operations of the Plan on a contractual basis to Wilson McShane Corporation ("WMS"). Under the management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by WMS. For the year ended July 31, 2024 the Fund paid WMS \$36,072.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Refunds and Rebates

Prescription refunds due from the Plan's PBM are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded as other income. For the years ended July 31, 2024 and 2023, pharmacy rebates totaling \$236,999 and \$181,461 have been recorded as other income in the accompanying statements of changes in net assets available for benefits.

Stop Loss

Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits.

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted.

Benefit Obligations

The Plan is required to provide benefits to certain members, if such members have accumulated eligibility credit amounts (expressed in dollars) in excess of that required for current coverage. Participants draw on their accumulated eligibility credits whenever they fail to meet the annual requirement. The estimated future liability represents the present value of an extension of future benefits that occurs prior to eligibility for retirement with medical benefits per the rules specified in the Plan document. The calculation of the accumulated eligibility credit reserve at July 31, 2024 and 2023, has been based on assumptions of past underemployment data, usage, and estimated cost of coverage. The weighted-average discount rate was 5.25 percent for both 2024 and 2023.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

Claims incurred but not yet reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan Administrator. Claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. These amounts are paid by the Plan only if claims are submitted and approved for payment. Postretirement benefit obligations are determined in accordance with accepted actuarial principles.

Payment of Benefits

Premiums paid by the Plan are recorded as insurance premiums paid in the statements of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through July 21, 2025, the date on which the financial statements were available to be issued.

3. Change in Accounting Principle

Effective August 1, 2023, the Plan adopted ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended. FASB ASC 326 replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss ("CECL") methodology. CECL requires an estimate of future credit losses for the remaining estimated lives of financial assets based on relevant information about historical experience, current conditions, and reasonable and supportable financial forecasts that affect the collectibility of the reported amounts. The measurement of expected credit losses under CECL is applicable to financial assets measured at amortized cost. Such assets are presented at the net amount expected to be collected over their remaining contractual lives using an allowance for credit losses. The adoption of FASB ASC 326 resulted in no change in the allowance from credit losses.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

4. Postretirement Benefit Obligations

The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to July 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and covered dependents after retirement from service with the participating Employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. The obligation is net of anticipated self-payments.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The current medical trend rate assumption has a significant effect on the amounts reported in the accompanying statements of benefit obligations. If the assumed rates increased by one percentage point in each year, it would increase the postretirement obligation as of July 31, 2024 and 2023, by \$1,414,905 and \$1,248,522, respectively.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

The significant actuarial assumptions and funding method used in the most recent valuation as of July 31, 2024 and 2023 were:

	<u>2024</u>	<u>2023</u>
Actuarial cost method:	Projected unit credit actuarial cost method	Projected unit credit actuarial cost method
Discount rate:	5.25%	5.25%
Mortality:	115% for males and 105% for females of the PRI-2012 Blue Collar Mortality Tables projected forward using the MP-2021 projection scale.	115% for males and 100% for females of the PRI-2012 Blue Collar Mortality Tables projected forward using the MP-2021 projection scale.
Disability Mortality:	RP-2014 Disabled Life Mortality Table	RP-2014 Disabled Life Mortality Table
Retirement Age:	Percent of probability table if eligible, but 100% by age 68.	Percent of probability table if eligible, but 100% by age 68.
Percent Married:	90% of Active Males and 50% of Active Females are assumed to be married and elect spouse coverage at retirement.	90% of Active Males and 50% of Active Females are assumed to be married and elect spouse coverage at retirement.
Spouse coverage:	Wives are assumed to be three years younger than their husbands.	Wives are assumed to be three years younger than their husbands.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

5. Fair Value Measurements

The framework for measuring fair value establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.

- Level 2 Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The instruments' fair value measurement levels within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds and registered investment companies. The money market funds are valued at cost plus accrued interest, which approximates fair value. Mutual funds are recorded at the closing price reported by the fund. These are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 investments consist of U.S. government and agency securities, corporate bonds, municipal bonds, and foreign bonds. Corporate bonds, municipal bonds, foreign bonds and U.S. government and agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Investments also consist of a hedge fund and a pooled separate account. The hedge fund is directly invested in mutual funds, equity securities, or fixed maturity securities. The fund is valued at the NAV based on the observable underlying investments. The NAV is used as a practical expedient to estimate fair value. The pooled separate account is valued at NAV of units held in the account. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The NAV is used as a practical expedient to estimate fair value. Investments that were measured at NAV per share have not been classified to the fair value hierarchy.

The preceding methods described above may provide a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

Investments measured at fair value based on NAV per share practical expedient as of July 31, are as follows:

<u>2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Hedge Fund:				
PROLOAN BOND FUND, LLC (A)	\$ 5,478,826	N/A	Monthly	10 Days
Pooled Separate Account:				
ULLICO SEPARATE ACCOUNT W1	\$ 5,456,872	N/A	Monthly	120 Days
<hr/>				
<u>2023</u>				
Hedge Fund:				
PROLOAN BOND FUND, LLC (A)	\$ 4,210,370	N/A	Monthly	10 Days
Pooled Separate Account:				
ULLICO SEPARATE ACCOUNT W1	\$ 4,389,014	N/A	Monthly	120 Days

(A) The hedge fund seeks to provide current income with high overall credit quality. The hedge fund's other important objectives are to encourage the construction of residential and commercial housing and to facilitate employment for union members in the construction trades and related industries.

6. Related Party Transactions

Employer contributions are collected through a lockbox account held by the Plan on behalf of other plans. The contributions are transferred to other plans on a weekly basis. Amounts due to related funds for contributions collected in the lockbox prior to the end of the year but not remitted until after year-end amounted to \$228,362 and \$112,577 for the years ended July 31, 2024 and 2023, respectively.

Participants in the KC Pension Fund have the option of having their premiums for retiree coverage under the Plan to be withheld from their benefit payments. The premiums are remitted to the Plan on a monthly basis.

In accordance with elections by retirees, the Pension Fund withholds health and welfare contributions from retiree pension benefits and remits those withholdings monthly. Total withholdings due from the Pension Fund for retiree health care premiums amounted to \$6,215 and \$6,098 for the years ended July 31, 2024 and 2023, respectively.

Amounts due to the Pension Fund for overpayment of retiree health care premiums amounted to \$30,666 and \$12,255 for the years ended July 31, 2024 and 2023, respectively.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

As of July 31, 2023, \$23,017 was due from the Pension Fund for contributions received from payroll audit findings.

7. Plan Amendments

Effective May 3, 2023, the Plan was amended to add additional exclusions & limitations in the Plan document for nursing homes, extended care facilities, and other similar in-patient services.

Effective May 9, 2023, the Plan was amended to add wording related to the schedule of benefits for Spira Care Centers.

Effective August 1, 2023, the Plan approved an amendment to allow members who for good cause failed to sign up for Medicare to make self-payments to remain on active coverage.

8. Plan Termination

Although the Trustees have not expressed any intention to discontinue the Plan, they may do so at any time. In the event of termination of the Plan, the Trustees shall apply the assets to pay or provide for the payment of any and all obligations of the Plan and shall distribute and apply remaining surplus in such manner as well, in their opinion, best effectuate the purposes of the Plan. No assets of the Plan may be used for purposes other than for the exclusive benefit of the Plan's participants.

9. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated August, 1963, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of July 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for tax years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

Cement Masons and Plasterers Local 518 Health Care Plan
Notes to Financial Statements
July 31, 2024 and 2023

10. Risks and Uncertainties

Investments

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions

The majority of receivables are from Employers primarily located in or working in Kansas City, Missouri. The Plan generally does not require collateral, but in some cases can require a performance bond.

Benefit Obligations

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at July 31, 2024 and 2023 to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 40,221,784	\$ 32,161,143
Less: Claims payable at year end	(787,000)	(764,000)
Net assets available for benefits per the Form 5500	\$ 39,434,784	\$ 31,397,143

The following is a reconciliation of benefits paid per the financial statements for the year ended July 31, 2024 to Form 5500:

Benefits paid per the financial statements	\$ 8,382,108
Plus: claims payable - current year	787,000
Less: claims payable - prior year	(764,000)
Benefits paid per Form 5500	\$ 8,405,108

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	FINANCIAL SQUARE TR GOVERNMENT INST CLASS FD #465	\$ 315,393	\$ 315,393
	COMMERCE BANK SWEEP ACCOUNT	<u>1,473,654</u>	<u>1,473,654</u>
	TOTAL MONEY MARKET FUNDS	<u>1,789,047</u>	<u>1,789,047</u>
U.S. GOVERNMENT AND AGENCY SECURITIES:			
	US TREASURY NT 2.625% 2/15/29	239,826	236,260
	US TREASURY NT 2.375% 5/15/29	221,980	200,363
	US TREASURY NT 2.25% 11/15/25	165,117	145,712
	US TREASURY NT 2.25% 2/15/27	111,219	100,288
	US TREASURY NT 0.5% 3/31/25	65,670	63,138
	US TREASURY NT 0.625% 5/15/30	91,708	91,223
	US TREASURY NT 0.5% 5/31/27	50,084	45,260
	US TREASURY NT 0.5% 6/30/27	30,132	27,087
	US TREASURY NT 1.875% 2/15/32	232,361	232,972
	US TREASURY NT 4.125% 11/15/32	280,468	277,162
	US TREASURY NT 3.5% 2/15/33	301,290	298,133
	US TREASURY BOND 3.125% 2/15/43	209,541	208,928
	US TREASURY BOND 3.625% 2/15/44	246,115	245,707
	US TREASURY BOND 3% 2/15/49	183,656	175,950
	US TREASURY BONDS 3.875% 5/15/43	118,628	116,360
	FHLMC GOLD POOL #G08530 3.5% 4/1/43	9,887	8,882
	FHLMC GOLD POOL #C91833 2.5% 5/1/35	13,602	12,421
	FR UMBS POOL #SB8257 5.5% 9/1/38	91,458	93,056
	FR UMBS POOL #SB8262 5% 8/1/38	95,089	96,042
	FR UMBS POOL #SB8270 6% 11/1/38	100,995	103,301
	FR UMBS POOL #SD8106 2% 11/1/50	50,991	40,081
	FHLMC UMBS POOL #SD8225 3% 7/25/52	121,568	123,102
	FR UMBS POOL #RA4919 3% 3/1/51	99,828	103,626
	FHLMC POOL #840432 V/R 11/1/46	8,486	7,813
	FN UMBS POOL #BX6752 5% 3/25/53	119,146	121,620
	FNMA UMBS POOL #CB4808 4% 10/1/52	126,011	127,865
	FN UMBS POOL #FS6201 5% 11/1/53	118,838	120,282
	FR UMBS POOL #FS7759 5.5% 5/25/54	138,049	139,268
	FN UMBS POOL #MA4074 2% 7/1/35	33,324	28,883
	FN UMBS POOL #MA4204 2% 12/1/40	50,834	42,145
	FHLB NT 2.125% 9/14/29	90,195	91,393
	FHLB NT 1.75% 3/8/30	73,435	61,933

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FFCB NT 0.68% 8/26/26	\$ 60,000	\$ 55,660
	FNMA NT 0.625% 4/22/25	115,958	121,183
	FNMA NT 0.75% 10/8/27	74,775	67,603
	FNMA POOL #BM4874 V/R 11/1/48	3,965	3,741
	FN POOL #BS6512 3.75% 9/1/32	92,922	94,716
	GNMA II POOL #MA0068 3% 5/20/27	4,657	4,427
	FNGT 2011-T2 CL A1 2.5% 8/25/51	18,394	16,882
	FNR 2012-93 CL QD 1.75% 1/25/42	5,028	4,892
	FNR 2015-2 CL PA 2.25% 3/25/44	7,567	6,993
	FNR 2018-5 CL AP 3.5% 5/25/47	42,715	44,138
	FNR 2020-94 CL CA 1.5% 11/25/44	52,515	43,746
	FNR 2021-3 CL PH 1.25% 2/25/51	55,409	41,469
	FNR 2021-59 CL H 2% 6/25/48	80,866	64,092
	FNR 2022-61 CL D 4% 6/25/44	89,497	92,526
	FHR 2024-3910 CL GZ 5% 8/15/41	137,116	140,245
	FHR 4136 CL EB 1.75% 10/15/42	9,900	9,101
	FHR 2015-4425 CL EA 2% 1/15/45	34,318	28,173
	FHR 2021-5074 CL DA 2% 11/25/50	52,434	40,662
	FHR 2021-5081 CL QA 2% 12/25/50	53,625	41,667
	FHR 2021-5103 CL LK 1.5% 5/25/41	42,520	35,972
	FHR 5119 CL LK 1.5% 5/25/41	40,953	34,731
	SLST 2018-2 CL A1 3.5% 11/25/28	17,379	16,763
	GNR 2014-145 CL PE 2.25% 5/16/44	11,593	10,379
	GNR 2023-15 CL AB V/R 8/16/63	93,869	93,387
	GNR 2023-91 CLASS AB 2% 2/16/64	84,555	85,453
	GNR 2021-114 CL MC 1.25% 6/20/51	52,013	40,896
	GNR 2022-34 CL MB 3% 2/20/52	70,167	62,366
	GNR 2022-34 CL PN 3% 2/20/52	68,825	61,962
	GNR 2022-167 CL AE V/R 7/16/52	78,159	79,425
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>5,441,224</u>	<u>5,229,503</u>
MUNICIPAL BONDS:			
	BIRMINGHAM AL TXBL GO 1.516% 3/1/27	75,000	69,686
	CRANSTON RI TXBL GO 1.173% 8/1/25	75,000	72,206
	DOWNEY CA TXBL 0.972% 6/1/26	100,000	93,166
	PALOMAR CA CLG TXBL GO 1.836% 8/1/29	65,000	57,954

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED):			
	ISALLISAW OK TXBL 1.87% 9/1/26	\$ 110,000	\$ 104,064
	SPRINGFLD IL WTR TXBL 1.281% 3/1/25	75,000	73,439
	UNIV OF CA CA TXBL 0.985% 5/15/25	100,000	96,886
	UNIV OF MA MA TXBL 1.391% 11/1/27	70,000	63,895
	TOTAL MUNICIPAL BONDS	<u>670,000</u>	<u>631,296</u>
CORPORATE BONDS:			
	AMEREN ILLINOIS CO NT 4.95% 6/1/33	99,696	100,083
	AMER WATER CAP NT 3% 12/1/26	49,909	47,923
	ARIZONA PUBLIC SVC NT 2.55% 9/15/26	49,769	47,358
	EDISON CO NT 2.9% 12/1/26	51,070	47,786
	DTE ELECTRIC NT 3% 3/1/32	94,616	84,388
	DUKE ENERGY NT 3.8% 7/15/28	49,908	48,672
	EMERSON ELEC NT 0.875% 10/15/26	69,798	64,624
	ENTERGY TEXAS NT 1.5% 9/1/26	49,882	46,365
	EXELON CORP NT 5.15% 3/15/29	49,891	50,816
	FLORIDA P&L NT 5.1% 4/1/33	141,299	142,688
	FLORIDA P&L CO NT 5.3% 6/15/34	149,489	155,178
	MIDAMERICAN ENERGY NT 3.65% 4/15/29	55,150	48,148
	ONCOR ELECTRIC NT 3.7% 5/15/50	122,171	113,841
	WEC ENERGY GROUP NT 2.2% 12/15/28	49,881	45,001
	ATMOS ENERGY KS NT 5.155% 3/1/33	93,943	93,947
	AIR PROD & CHEMICALS NT 4.85% 2/8/34	119,671	120,323
	AMAZON.COM INC NT 4.7% 12/1/32	89,978	91,136
	AMGEN INC NT 5.25% 3/2/33	49,843	50,815
	BOEING CO NT 3.2% 3/1/29	39,397	36,289
	BP CAP MARKET AMER NT 4.97% 10/17/29	149,972	152,352
	BRISTOL-MYERS NT 5.2% 2/22/34	140,452	143,380
	BURLINGTON NORTH NT 6.875% 12/1/27	45,161	37,104
	CH ROBINSON NT 4.2% 4/15/28	48,899	48,908
	COMCAST CORP NT 5.5% 11/15/32	89,431	93,977
	CUMMINS INC NT 1.5% 9/1/30	59,778	50,362
	JOHN DEERE CAP CORP NT 4.7% 6/10/30	64,942	65,842
	ENERGY TRANSFER LP NT 5.6% 9/1/34	69,819	71,026
	ENTERPRISE PRODUCTS NT 4.85% 1/31/34	124,631	124,611
	EXPRESS SCRIPTS NT 4.5% 2/25/26	19,893	19,800

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	FIDELITY NATL INFO NT 4.7% 7/15/27	\$ 49,921	\$ 49,724
	GATX CORP NT 3.25% 3/30/25	57,789	54,111
	GENERAL DYNAMICS NT 3.75% 5/15/28	58,937	48,787
	GM FINL CO NT 6.1% 1/7/34	64,897	66,959
	WW GRAINGER NT 4.2% 5/15/47	108,872	103,060
	HALLIBURTON CO NT 4.5% 11/15/41	62,808	61,781
	HOLLYFRONTIER NT 5.875% 4/1/26	24,832	25,119
	INTEL CORP NT 4.15% 8/5/32	94,846	91,057
	KIMBERLY-CLARK NT 4.5% 2/16/33	89,072	89,743
	KINDER MORGAN NT 5.4% 2/1/34	64,797	65,482
	LUBRIZOL CORP NT 7.25% 6/15/25	75,783	60,877
	MPLX NT 4.95% 9/1/32	49,717	48,962
	WARNERMEDIA HLDGS NT 4.279% 3/15/32	53,296	52,047
	MCCORMICK & CO NT 0.9% 2/15/26	49,868	47,030
	NORFOLK NT 4.837% 10/1/41	71,226	70,246
	OCCIDENTAL CLG NT 2.515% 10/1/29	50,000	42,637
	ONEOK INC NT 6.1% 11/15/32	49,960	52,836
	PAYPAL HOLDINGS INC NT 5.25% 6/1/62	120,450	113,136
	PEPSICO INC NT 2.375% 10/6/26	59,989	57,404
	PHARMACIA CORP NT 6.6% 12/1/28	62,786	48,588
	PHILLIPS 66 NT 5.3% 6/30/33	74,520	75,881
	PRECISION CASTPARTS NT 3.9% 1/15/43	122,108	118,457
	PROCTER GAMBLE NT 2.8% 3/25/27	92,375	81,860
	REPUBLIC SVCS NT 0.875% 11/15/25	39,959	37,965
	ROCKWELL AUTOMATION NT 3.5% 3/1/29	56,498	48,015
	T MOBILE USA NT 5.5% 1/15/55	89,906	88,923
	TEXAS INSTRUMENTS NT 3.65% 8/16/32	84,753	79,990
	UNITEDHEALTH GRP NT 5.35% 2/15/33	106,911	113,776
	VERIZON NT 3.55% 3/22/51	74,898	73,734
	AFLAC INC NT 4% 10/15/46	122,280	121,956
	ALLEGHANY CORP NT 4.9% 9/15/44	120,805	119,524
	AMER FINCL GRP NT 4.5% 6/15/47	61,828	66,605
	ARTHUR J GALLAGHER NT 5.45% 7/15/34	59,833	61,090
	AVALONBAY CMNTYS NT 2.3% 3/1/30	49,947	44,285
	BANK OF AMERICA NT V/R 3/20/51	123,689	123,743
	CAMDEN PROPERTY TRST NT 3.15% 7/1/29	96,112	83,665
	CAPITAL ONE NT V/R 11/02/27	59,912	55,806

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	CITIGROUP NT 4.45% 9/29/27	\$ 27,604	\$ 24,682
	ERP OPER NT 2.5% 2/15/30	97,958	102,983
	EVEREST REINSURANCE NT 4.868% 6/1/44	67,253	67,132
	JPMORGAN CHASE NT V/R 1/23/49	123,051	122,030
	LOEWS CORP NT 3.2% 5/15/30	91,090	78,548
	MASTERCARD INC NT 1.9% 3/15/31	89,885	76,955
	METLIFE INC NT 5.3% 12/15/34	139,418	143,343
	MID AMERICA APARTMENTS NT 5% 3/15/34	118,823	119,432
	MORGAN STANLEY NT V/R 7/20/27	60,000	56,117
	NORTHERN TRUST NT 1.95% 5/1/30	82,170	86,684
	PNC FINANCIAL NT V/R 1/22/35	120,000	123,749
	PUBLIC STORAGE NT 5.35% 8/1/53	124,183	119,239
	REALTY INCOME NT 3% 1/15/27	29,601	28,750
	REINSURANCE GRP NT 3.95% 9/15/26	24,999	24,517
	US BANCORP NT V/R 6/12/29	110,000	113,284
	VISA INC NT 0.75% 8/15/27	59,935	54,027
	VOYA FINL NT 3.65% 6/15/26	29,831	29,277
	WELLS FARGO NT V/R 10/23/29	99,024	105,288
	WELLTOWER INC NT 2.7% 2/15/27	52,261	47,671
	IMPAC CMB 2003-9F CL A1 V/R 7/25/33	1,582	1,641
	SEMT 2013-6 CL A1 2.5% 5/25/43	7,180	6,331
	AMXCA 2023-2 CL A 4.8% 5/15/30	99,971	101,220
	CRVNA 2021-N4 CL A2 1.8% 9/11/28	96,268	92,543
	DTRT 2023-1 CL A3 5.9% 3/15/27	114,998	116,035
	FORDO 2022-B CL A3 3.74% 9/15/26	64,633	64,115
	FORDO 2022-C CL A3 4.48% 12/15/26	70,807	70,436
	VZMT 2022-4 CL B V/R 11/20/28	94,978	93,576
	TOTAL CORPORATE BONDS	7,142,018	6,957,196
FOREIGN BONDS:			
	BANK OF MONTREAL NT 5.717% 9/25/28	115,000	119,115
	BK OF NOVA SCOTIA NT 5.65% 2/1/34	129,871	135,464
	CANADIAN NATL RAIL NT 3.85% 8/5/32	135,993	141,590
	CANADIAN PAC NT 4.95% 8/15/45	69,806	70,041
	NUTRIEN NT 4.9% 3/27/28	44,919	45,127
	ROYAL BK OF CANADA NT V/R 4/27/26	100,000	99,957
	TORONTO-DOMINION BK NT 4.456% 6/8/32	107,920	106,457

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
FOREIGN BONDS (CONTINUED):			
	BANCO SANTANDER NT 6.607% 11/7/28	126,156	128,166
	STATOIL ASA NT 7.15% 11/15/25	70,976	56,509
	TOTAL FOREIGN BONDS	<u>900,641</u>	<u>902,425</u>
MUTUAL FUNDS:			
	VANGUARD TOT INTL STOCK IX ADMIRAL	1,652,276	1,864,852
	VANGUARD TOTAL STOCK MKT IDX	7,643,811	10,084,218
	TOTAL MUTUAL FUNDS	<u>9,296,087</u>	<u>11,949,069</u>
HEDGE FUND:			
	PROLOAN BOND FUND, LLC	4,599,678	5,478,826
POOLED SEPARATE ACCOUNT:			
	ULLICO SEPARATE ACCOUNT W1	4,366,175	5,456,872
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 34,204,870</u>	<u>\$ 38,394,234</u>

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended July 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (43)	\$ -	\$ 5,386,832	\$ 5,386,832	\$ 5,386,832	\$ -
Commerce Bank	Financial Square Tr Government (115)	5,465,301	-	5,465,301	5,465,301	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

**Cement Masons and Plasterers Local 518 Health Care Plan
Schedules of Administrative Expenses
Years Ended July 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Administration fees	\$ 151,209	\$ 126,604
Actuarial and consulting fees	63,631	55,951
Bank Charges	15,839	13,582
Claims administration fees	385,671	350,830
Common expense	67,001	9,192
Dues and subscriptions	-	264
Insurance	8,253	9,086
Meetings and conventions	903	1,944
Miscellaneous	20,597	12,203
Printing and postage	13,614	18,135
Professional fees - payroll audit	37,084	24,060
Professional fees - auditing	27,200	34,781
Professional fees - legal	108,639	83,142
	<u>\$ 899,641</u>	<u>\$ 739,774</u>

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	FINANCIAL SQUARE TR GOVERNMENT INST CLASS FD #465	\$ 315,393	\$ 315,393
	COMMERCE BANK SWEEP ACCOUNT	<u>1,473,654</u>	<u>1,473,654</u>
	TOTAL MONEY MARKET FUNDS	<u>1,789,047</u>	<u>1,789,047</u>
U.S. GOVERNMENT AND AGENCY SECURITIES:			
	US TREASURY NT 2.625% 2/15/29	239,826	236,260
	US TREASURY NT 2.375% 5/15/29	221,980	200,363
	US TREASURY NT 2.25% 11/15/25	165,117	145,712
	US TREASURY NT 2.25% 2/15/27	111,219	100,288
	US TREASURY NT 0.5% 3/31/25	65,670	63,138
	US TREASURY NT 0.625% 5/15/30	91,708	91,223
	US TREASURY NT 0.5% 5/31/27	50,084	45,260
	US TREASURY NT 0.5% 6/30/27	30,132	27,087
	US TREASURY NT 1.875% 2/15/32	232,361	232,972
	US TREASURY NT 4.125% 11/15/32	280,468	277,162
	US TREASURY NT 3.5% 2/15/33	301,290	298,133
	US TREASURY BOND 3.125% 2/15/43	209,541	208,928
	US TREASURY BOND 3.625% 2/15/44	246,115	245,707
	US TREASURY BOND 3% 2/15/49	183,656	175,950
	US TREASURY BONDS 3.875% 5/15/43	118,628	116,360
	FHLMC GOLD POOL #G08530 3.5% 4/1/43	9,887	8,882
	FHLMC GOLD POOL #C91833 2.5% 5/1/35	13,602	12,421
	FR UMBS POOL #SB8257 5.5% 9/1/38	91,458	93,056
	FR UMBS POOL #SB8262 5% 8/1/38	95,089	96,042
	FR UMBS POOL #SB8270 6% 11/1/38	100,995	103,301
	FR UMBS POOL #SD8106 2% 11/1/50	50,991	40,081
	FHLMC UMBS POOL #SD8225 3% 7/25/52	121,568	123,102
	FR UMBS POOL #RA4919 3% 3/1/51	99,828	103,626
	FHLMC POOL #840432 V/R 11/1/46	8,486	7,813
	FN UMBS POOL #BX6752 5% 3/25/53	119,146	121,620
	FNMA UMBS POOL #CB4808 4% 10/1/52	126,011	127,865
	FN UMBS POOL #FS6201 5% 11/1/53	118,838	120,282
	FR UMBS POOL #FS7759 5.5% 5/25/54	138,049	139,268
	FN UMBS POOL #MA4074 2% 7/1/35	33,324	28,883
	FN UMBS POOL #MA4204 2% 12/1/40	50,834	42,145
	FHLB NT 2.125% 9/14/29	90,195	91,393
	FHLB NT 1.75% 3/8/30	73,435	61,933

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FFCB NT 0.68% 8/26/26	\$ 60,000	\$ 55,660
	FNMA NT 0.625% 4/22/25	115,958	121,183
	FNMA NT 0.75% 10/8/27	74,775	67,603
	FNMA POOL #BM4874 V/R 11/1/48	3,965	3,741
	FN POOL #BS6512 3.75% 9/1/32	92,922	94,716
	GNMA II POOL #MA0068 3% 5/20/27	4,657	4,427
	FNGT 2011-T2 CL A1 2.5% 8/25/51	18,394	16,882
	FNR 2012-93 CL QD 1.75% 1/25/42	5,028	4,892
	FNR 2015-2 CL PA 2.25% 3/25/44	7,567	6,993
	FNR 2018-5 CL AP 3.5% 5/25/47	42,715	44,138
	FNR 2020-94 CL CA 1.5% 11/25/44	52,515	43,746
	FNR 2021-3 CL PH 1.25% 2/25/51	55,409	41,469
	FNR 2021-59 CL H 2% 6/25/48	80,866	64,092
	FNR 2022-61 CL D 4% 6/25/44	89,497	92,526
	FHR 2024-3910 CL GZ 5% 8/15/41	137,116	140,245
	FHR 4136 CL EB 1.75% 10/15/42	9,900	9,101
	FHR 2015-4425 CL EA 2% 1/15/45	34,318	28,173
	FHR 2021-5074 CL DA 2% 11/25/50	52,434	40,662
	FHR 2021-5081 CL QA 2% 12/25/50	53,625	41,667
	FHR 2021-5103 CL LK 1.5% 5/25/41	42,520	35,972
	FHR 5119 CL LK 1.5% 5/25/41	40,953	34,731
	SLST 2018-2 CL A1 3.5% 11/25/28	17,379	16,763
	GNR 2014-145 CL PE 2.25% 5/16/44	11,593	10,379
	GNR 2023-15 CL AB V/R 8/16/63	93,869	93,387
	GNR 2023-91 CLASS AB 2% 2/16/64	84,555	85,453
	GNR 2021-114 CL MC 1.25% 6/20/51	52,013	40,896
	GNR 2022-34 CL MB 3% 2/20/52	70,167	62,366
	GNR 2022-34 CL PN 3% 2/20/52	68,825	61,962
	GNR 2022-167 CL AE V/R 7/16/52	78,159	79,425
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>5,441,224</u>	<u>5,229,503</u>
MUNICIPAL BONDS:			
	BIRMINGHAM AL TXBL GO 1.516% 3/1/27	75,000	69,686
	CRANSTON RI TXBL GO 1.173% 8/1/25	75,000	72,206
	DOWNEY CA TXBL 0.972% 6/1/26	100,000	93,166
	PALOMAR CA CLG TXBL GO 1.836% 8/1/29	65,000	57,954

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED):			
	SALLISAW OK TXBL 1.87% 9/1/26	\$ 110,000	\$ 104,064
	SPRINGFLD IL WTR TXBL 1.281% 3/1/25	75,000	73,439
	UNIV OF CA CA TXBL 0.985% 5/15/25	100,000	96,886
	UNIV OF MA MA TXBL 1.391% 11/1/27	70,000	63,895
	TOTAL MUNICIPAL BONDS	<u>670,000</u>	<u>631,296</u>
CORPORATE BONDS:			
	AMEREN ILLINOIS CO NT 4.95% 6/1/33	99,696	100,083
	AMER WATER CAP NT 3% 12/1/26	49,909	47,923
	ARIZONA PUBLIC SVC NT 2.55% 9/15/26	49,769	47,358
	EDISON CO NT 2.9% 12/1/26	51,070	47,786
	DTE ELECTRIC NT 3% 3/1/32	94,616	84,388
	DUKE ENERGY NT 3.8% 7/15/28	49,908	48,672
	EMERSON ELEC NT 0.875% 10/15/26	69,798	64,624
	ENTERGY TEXAS NT 1.5% 9/1/26	49,882	46,365
	EXELON CORP NT 5.15% 3/15/29	49,891	50,816
	FLORIDA P&L NT 5.1% 4/1/33	141,299	142,688
	FLORIDA P&L CO NT 5.3% 6/15/34	149,489	155,178
	MIDAMERICAN ENERGY NT 3.65% 4/15/29	55,150	48,148
	ONCOR ELECTRIC NT 3.7% 5/15/50	122,171	113,841
	WEC ENERGY GROUP NT 2.2% 12/15/28	49,881	45,001
	ATMOS ENERGY KS NT 5.155% 3/1/33	93,943	93,947
	AIR PROD & CHEMICALS NT 4.85% 2/8/34	119,671	120,323
	AMAZON.COM INC NT 4.7% 12/1/32	89,978	91,136
	AMGEN INC NT 5.25% 3/2/33	49,843	50,815
	BOEING CO NT 3.2% 3/1/29	39,397	36,289
	BP CAP MARKET AMER NT 4.97% 10/17/29	149,972	152,352
	BRISTOL-MYERS NT 5.2% 2/22/34	140,452	143,380
	BURLINGTON NORTH NT 6.875% 12/1/27	45,161	37,104
	CH ROBINSON NT 4.2% 4/15/28	48,899	48,908
	COMCAST CORP NT 5.5% 11/15/32	89,431	93,977
	CUMMINS INC NT 1.5% 9/1/30	59,778	50,362
	JOHN DEERE CAP CORP NT 4.7% 6/10/30	64,942	65,842
	ENERGY TRANSFER LP NT 5.6% 9/1/34	69,819	71,026
	ENTERPRISE PRODUCTS NT 4.85% 1/31/34	124,631	124,611
	EXPRESS SCRIPTS NT 4.5% 2/25/26	19,893	19,800

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	FIDELITY NATL INFO NT 4.7% 7/15/27	\$ 49,921	\$ 49,724
	GATX CORP NT 3.25% 3/30/25	57,789	54,111
	GENERAL DYNAMICS NT 3.75% 5/15/28	58,937	48,787
	GM FINL CO NT 6.1% 1/7/34	64,897	66,959
	WW GRAINGER NT 4.2% 5/15/47	108,872	103,060
	HALLIBURTON CO NT 4.5% 11/15/41	62,808	61,781
	HOLLYFRONTIER NT 5.875% 4/1/26	24,832	25,119
	INTEL CORP NT 4.15% 8/5/32	94,846	91,057
	KIMBERLY-CLARK NT 4.5% 2/16/33	89,072	89,743
	KINDER MORGAN NT 5.4% 2/1/34	64,797	65,482
	LUBRIZOL CORP NT 7.25% 6/15/25	75,783	60,877
	MPLX NT 4.95% 9/1/32	49,717	48,962
	WARNERMEDIA HLDGS NT 4.279% 3/15/32	53,296	52,047
	MCCORMICK & CO NT 0.9% 2/15/26	49,868	47,030
	NORFOLK NT 4.837% 10/1/41	71,226	70,246
	OCCIDENTAL CLG NT 2.515% 10/1/29	50,000	42,637
	ONEOK INC NT 6.1% 11/15/32	49,960	52,836
	PAYPAL HOLDINGS INC NT 5.25% 6/1/62	120,450	113,136
	PEPSICO INC NT 2.375% 10/6/26	59,989	57,404
	PHARMACIA CORP NT 6.6% 12/1/28	62,786	48,588
	PHILLIPS 66 NT 5.3% 6/30/33	74,520	75,881
	PRECISION CASTPARTS NT 3.9% 1/15/43	122,108	118,457
	PROCTER GAMBLE NT 2.8% 3/25/27	92,375	81,860
	REPUBLIC SVCS NT 0.875% 11/15/25	39,959	37,965
	ROCKWELL AUTOMATION NT 3.5% 3/1/29	56,498	48,015
	T MOBILE USA NT 5.5% 1/15/55	89,906	88,923
	TEXAS INSTRUMENTS NT 3.65% 8/16/32	84,753	79,990
	UNITEDHEALTH GRP NT 5.35% 2/15/33	106,911	113,776
	VERIZON NT 3.55% 3/22/51	74,898	73,734
	AFLAC INC NT 4% 10/15/46	122,280	121,956
	ALLEGHANY CORP NT 4.9% 9/15/44	120,805	119,524
	AMER FINCL GRP NT 4.5% 6/15/47	61,828	66,605
	ARTHUR J GALLAGHER NT 5.45% 7/15/34	59,833	61,090
	AVALONBAY CMNTYS NT 2.3% 3/1/30	49,947	44,285
	BANK OF AMERICA NT V/R 3/20/51	123,689	123,743
	CAMDEN PROPERTY TRST NT 3.15% 7/1/29	96,112	83,665
	CAPITAL ONE NT V/R 11/02/27	59,912	55,806

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	CITIGROUP NT 4.45% 9/29/27	\$ 27,604	\$ 24,682
	ERP OPER NT 2.5% 2/15/30	97,958	102,983
	EVEREST REINSURANCE NT 4.868% 6/1/44	67,253	67,132
	JPMORGAN CHASE NT V/R 1/23/49	123,051	122,030
	LOEWS CORP NT 3.2% 5/15/30	91,090	78,548
	MASTERCARD INC NT 1.9% 3/15/31	89,885	76,955
	METLIFE INC NT 5.3% 12/15/34	139,418	143,343
	MID AMERICA APARTMENTS NT 5% 3/15/34	118,823	119,432
	MORGAN STANLEY NT V/R 7/20/27	60,000	56,117
	NORTHERN TRUST NT 1.95% 5/1/30	82,170	86,684
	PNC FINANCIAL NT V/R 1/22/35	120,000	123,749
	PUBLIC STORAGE NT 5.35% 8/1/53	124,183	119,239
	REALTY INCOME NT 3% 1/15/27	29,601	28,750
	REINSURANCE GRP NT 3.95% 9/15/26	24,999	24,517
	US BANCORP NT V/R 6/12/29	110,000	113,284
	VISA INC NT 0.75% 8/15/27	59,935	54,027
	VOYA FINL NT 3.65% 6/15/26	29,831	29,277
	WELLS FARGO NT V/R 10/23/29	99,024	105,288
	WELLTOWER INC NT 2.7% 2/15/27	52,261	47,671
	IMPAC CMB 2003-9F CL A1 V/R 7/25/33	1,582	1,641
	SEMT 2013-6 CL A1 2.5% 5/25/43	7,180	6,331
	AMXCA 2023-2 CL A 4.8% 5/15/30	99,971	101,220
	CRVNA 2021-N4 CL A2 1.8% 9/11/28	96,268	92,543
	DTRT 2023-1 CL A3 5.9% 3/15/27	114,998	116,035
	FORDO 2022-B CL A3 3.74% 9/15/26	64,633	64,115
	FORDO 2022-C CL A3 4.48% 12/15/26	70,807	70,436
	VZMT 2022-4 CL B V/R 11/20/28	94,978	93,576
	TOTAL CORPORATE BONDS	<u>7,142,018</u>	<u>6,957,196</u>
FOREIGN BONDS:			
	BANK OF MONTREAL NT 5.717% 9/25/28	115,000	119,115
	BK OF NOVA SCOTIA NT 5.65% 2/1/34	129,871	135,464
	CANADIAN NATL RAIL NT 3.85% 8/5/32	135,993	141,590
	CANADIAN PAC NT 4.95% 8/15/45	69,806	70,041
	NUTRIEN NT 4.9% 3/27/28	44,919	45,127
	ROYAL BK OF CANADA NT V/R 4/27/26	100,000	99,957
	TORONTO-DOMINION BK NT 4.456% 6/8/32	107,920	106,457

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
July 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
FOREIGN BONDS (CONTINUED):			
	BANCO SANTANDER NT 6.607% 11/7/28	126,156	128,166
	STATOIL ASA NT 7.15% 11/15/25	70,976	56,509
	TOTAL FOREIGN BONDS	<u>900,641</u>	<u>902,425</u>
MUTUAL FUNDS:			
	VANGUARD TOT INTL STOCK IX ADMIRAL	1,652,276	1,864,852
	VANGUARD TOTAL STOCK MKT IDX	7,643,811	10,084,218
	TOTAL MUTUAL FUNDS	<u>9,296,087</u>	<u>11,949,069</u>
HEDGE FUND:			
	PROLOAN BOND FUND, LLC	4,599,678	5,478,826
POOLED SEPARATE ACCOUNT:			
	ULLICO SEPARATE ACCOUNT W1	4,366,175	5,456,872
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 34,204,870</u>	<u>\$ 38,394,234</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**



- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan CEMENT MASONS AND PLASTERERS LOCAL 518 VACATION FUND	1b Three-digit plan number (PN) ▶ 502
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CEMENT MASONS LOCAL 518 VACATION FUND PO BOX 909500 KANSAS CITY MO 64190-9500	1c Effective date of plan 04/01/1986 2b Employer Identification Number (EIN) 36-3439662 2c Plan Sponsor's telephone number 877-518-0518 2d Business code (see instructions) 238900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE 	7/21/25	KEVIN GARD
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	7/21/25	GREG DAVEY
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	820
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	820
a (2) Total number of active participants at the end of the plan year	6a(2)	854
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	854
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	83

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4Q

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) - Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information - Small Plan)
 - (3) **A** (Insurance Information) - Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Cement Masons and Plasterers Local 518 Health Care Plan
EIN: 43-6098247 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended July 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (43)	\$ -	\$ 5,386,832	\$ 5,386,832	\$ 5,386,832	\$ -
Commerce Bank	Financial Square Tr Government (115)	5,465,301	-	5,465,301	5,465,301	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						